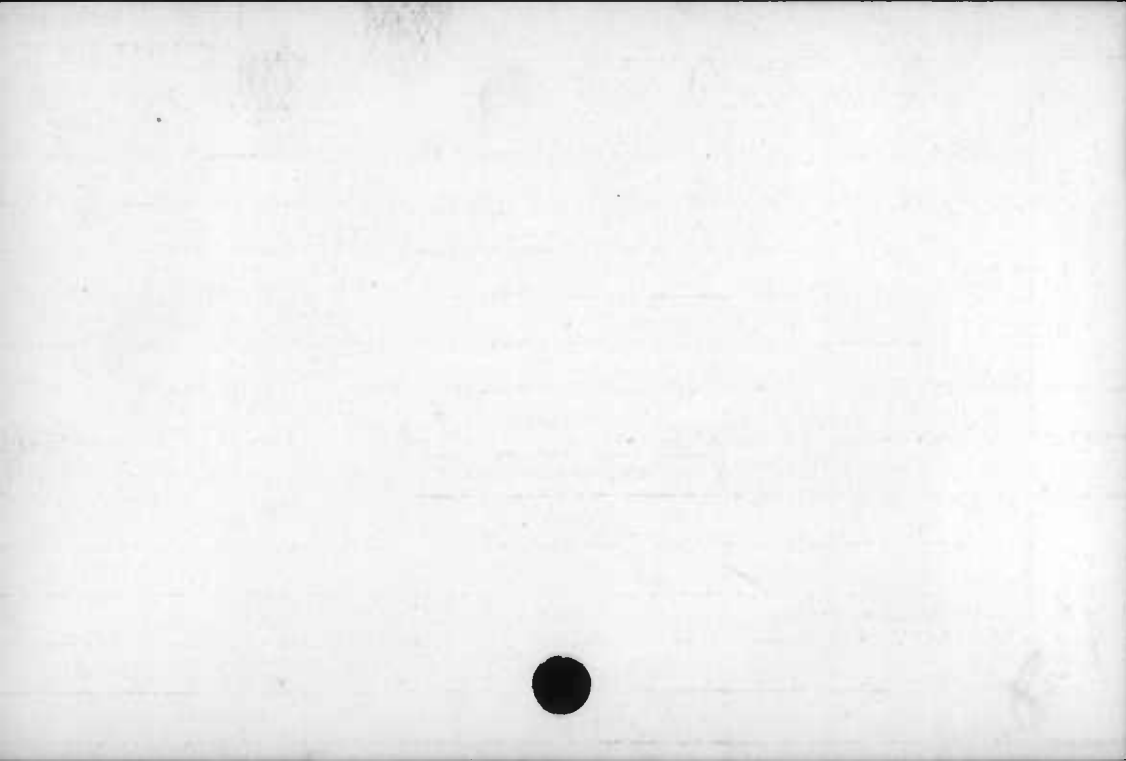


Name in Full		Edward L. Adams				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mar Hobbs</i>		Town <i>Caroline</i>		County		MARYLAND					
	Date of death <i>1908</i>		Month <i>11</i>		Day <i>24</i>		Age <i>5-6</i>		Months <i>2</i>		Days <i>29</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mo</i>							
	Occupation <i>Farming</i>		Where Residing if not at place of death <i>Same</i>									
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Harris</i>									
	Father's Name <i>Edward L. Adams</i>		Father's Birthplace <i>Mo</i>									
	Mother's Maiden Name <i>Elizabeth Turner</i>		Mother's Birthplace <i>Mo</i>									
Name of person giving information <i>Mrs C. H. Bennett</i>		How related to deceased <i>Sister</i>										
<div>CAUSES OF DEATH</div> <div>27</div>												
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>		How long <i>4 years</i>									
	Immediate <i>Exhaustion</i>		How long <i></i>									
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>V. R. Frickin</i>									
	Address <i>Hinton</i>		State <i>Mo</i>									
Accident or Suicide? <i>No</i>												



Name  
in  
Full

Sallie R Chance

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

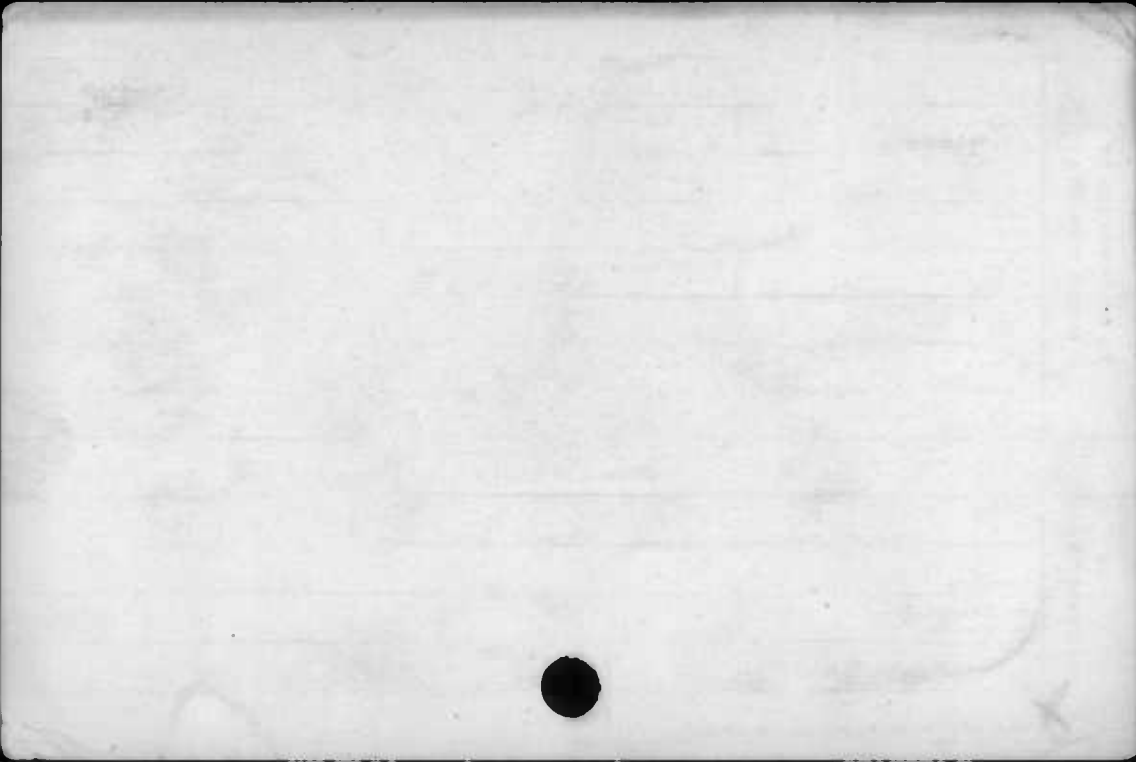
Died at <u>Gransboro</u> Town		<u>Leaoline</u> County		MARYLAND	
Date of death	1909	Month	11	Day	7
Age		46		Years	
Sex		Female		Color or Race	White
Occupation		house wife		Birth-place	Ind
Where Residing if not at place of death		Near Gransboro			
Married, <del>Single</del> <del>Widowed</del>		Name of Wife or Husband <u>Wm. J. Chance</u>			
Father's Name		<u>Thos Anthony</u>		Father's Birthplace	Ind
Mother's Maiden Name		<u>Ellie Richardson</u>		Mother's Birthplace	Ind
Name of person giving information		<u>Wm J Chance</u>		How related to deceased	Husband

CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary	<u>General Aortic</u>	How long	<u>12 mo</u>
Immediate	<u>Cardiac pressure</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>J. R. Malone</u>	
Address		<u>Gransboro</u>	
Accident or Suicide?		No	



Name  
in  
Full

Mrs Mary E. Church.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

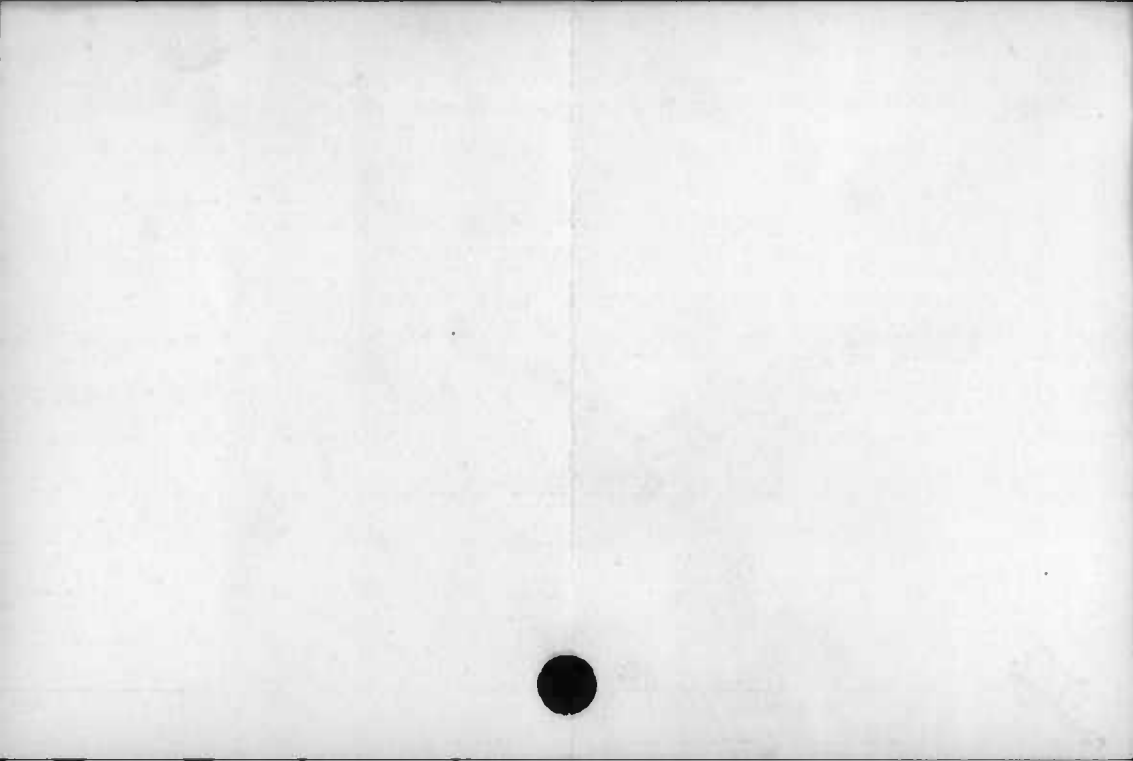
Died at		Town Federalburg		County Caroline		MARYLAND	
Date of death 190		Month 5	Day 11	Age 25	Years 69	Months -	Days -
Sex Female		Color or Race White		Birth- place N.Y.			
Occupation Housewife		Where Residing if not at place of death Caroline					
Married, or Widowed		Name of Wife or Husband Mr. Church					
Father's Name Gen. Jos. W. Barton		Father's Birthplace N.Y.					
Mother's Maiden Name Hermelia Gray		Mother's Birthplace N.Y.					
Name of person giving information H.C. Barton		How related to deceased Brother					

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary	Typhoid	How long	3 weeks
Immediate	Exhaustion	How long	1 year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. F. H. H. H.	
Address Federalburg		Address Federalburg	
Accident or Suicide?		No.	



Name  
in  
Full

Sarah - G. Culbreth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Greensboro* County *Caroline* **MARYLAND**

Died at *Greensboro*

Date of death *1908* Month *11* Day *22* Age *77* Years Months *4* Days *18*

Sex *Woman* Color or Race *White* Birth-place *Delaware*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Sarah G. Culbreth*

Father's Name *Robert W. Reynolds* Father's Birthplace *Delaware*

Mother's Maiden Name *Sarah G. Marvel* Mother's Birthplace *Delaware*

Name of person giving Information *Dr. Daniel B. Culbreth* How related to deceased *Son*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Face down stairs, fracturing hip* How long *10 days*

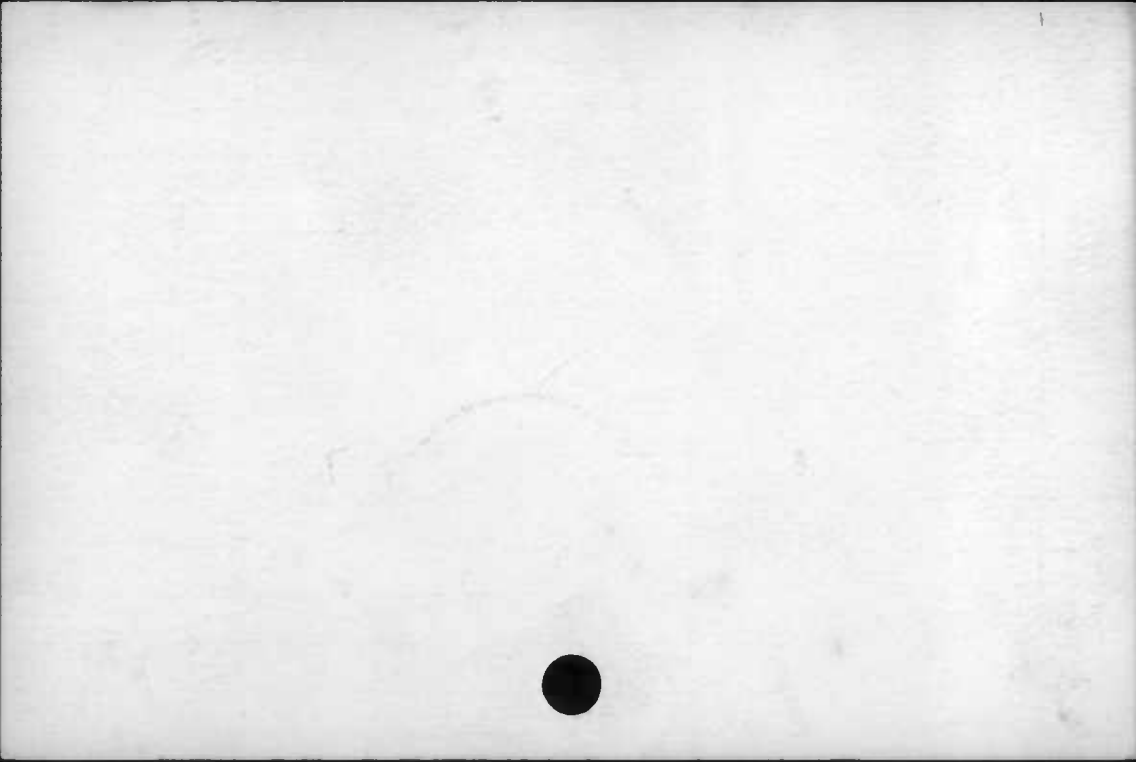
Immediate *Pneumonia* How long *2*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. W. Folsom*

Address *Greensboro, N.C.*

Accident or Suicide *Accident*





Name  
in  
Full

Georgia W. Draper -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

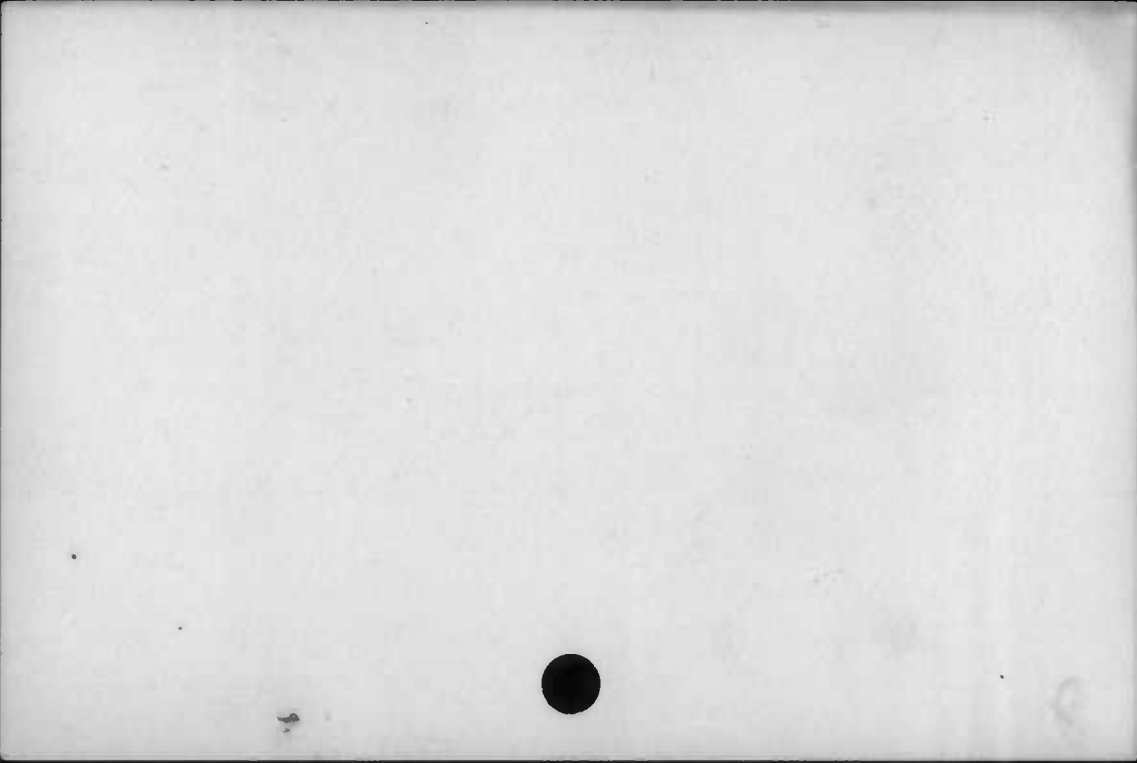
Died <i>near Greensboro -</i>		Town <i>Greensboro</i>		County <i>Anneville</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>26</i>	Age <i>33</i>	Years <i>33</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Greensboro Md.</i>				
Occupation <i>Seamstress</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Zebedee Draper</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Catherine Melvin.</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>C. B. Ritchell</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Incapacitated Phthisis</i>	How long <i>Indef. time -</i>
Immediate <i>Impure action of Blood.</i>	How long <i>4 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. R. McNamee</i>
	Address <i>Greensboro Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Charles Brewster Fletcher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Seaton Town Seaville County **MARYLAND**

Date of death 1908 Month 11 Day 28 Age — Years Months 3 Days 13

Sex Male Color or Race Black Birth-place Md

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John T Fletcher

Father's Birthplace Pa

Mother's Maiden Name Mattie E Wilson

Mother's Birthplace Md

Name of person giving Information John T Fletcher

How related to deceased Father

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Infection

Immediate Same

How long 3 months

How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

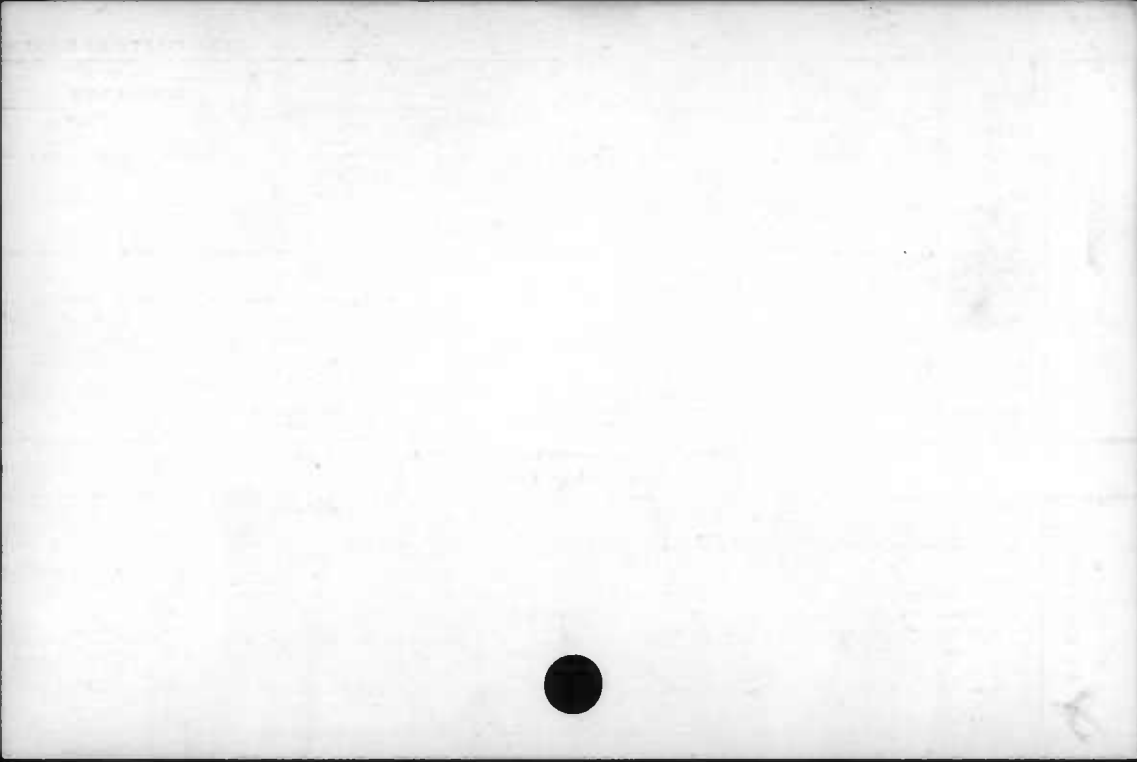
Address

Accident or Suicide No

P. E. Fisher

Seaton

Md



Name  
in  
Full

Carl Fontaine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

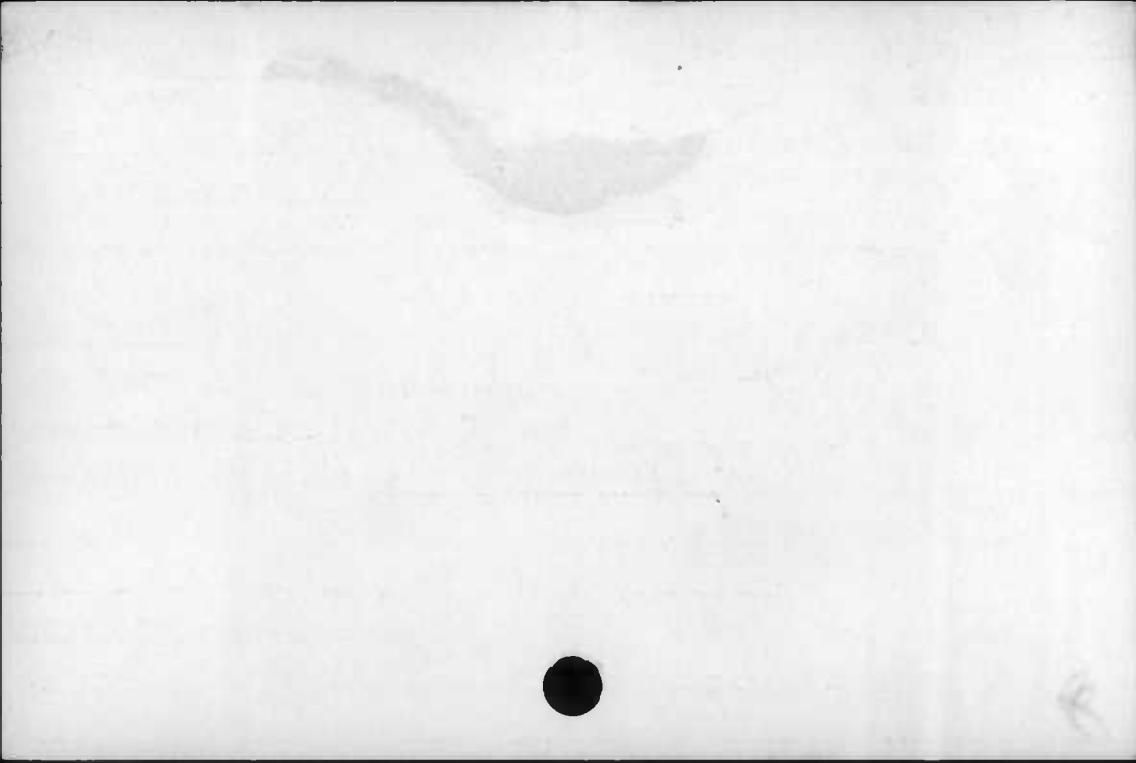
Died at <i>New Hillsboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>15</i>	Age <i>3</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Philadelphia</i>					
Occupation <i>child</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Mary Fontaine</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Alex Jackson</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary <i>unknown</i>	How long <i>Don't know</i>
Immediate <i>Acute nephritis (probably)</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. Brown, M.D.</i>
<i>No attending physician since I attended about 1 month ago.</i>	Address <i>Hillsboro, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

Norman Douglas Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

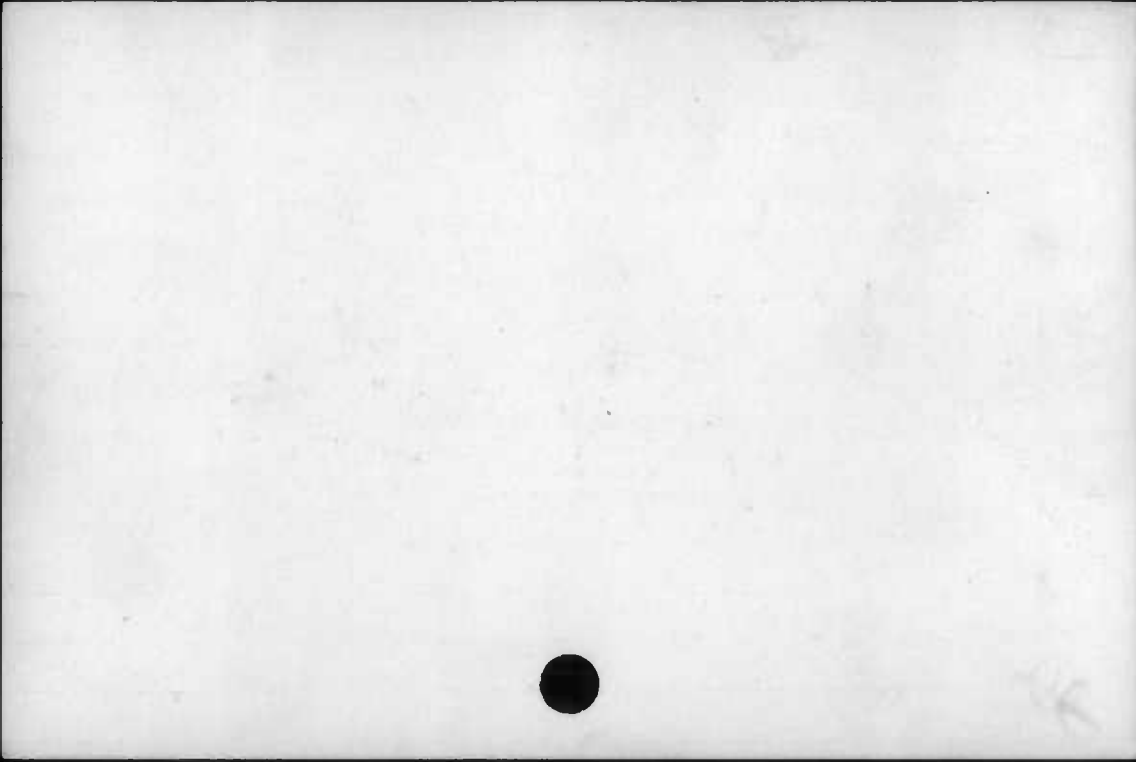
Died at <i>Ridgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>November</i>	Day <i>13</i>	Age —	Years <i>Four</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>near Ridgely</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name <i>Robert Young</i>			Father's Birthplace <i>Tabbot Co</i>		
Mother's Maiden Name <i>Florence Hammond</i>			Mother's Birthplace <i>Caroline Co</i>		
Name of person giving information <i>Mary Hammond</i>			How related to deceased <i>Grandmother</i>		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Croup</i>	How long <i>few hours</i>
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry McKinnon</i>
	Address <i>Ridgely, Md Coroner</i>
Accident or Suicide? —	





Name  
in  
Full

Sarah Matilda Hutchison.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

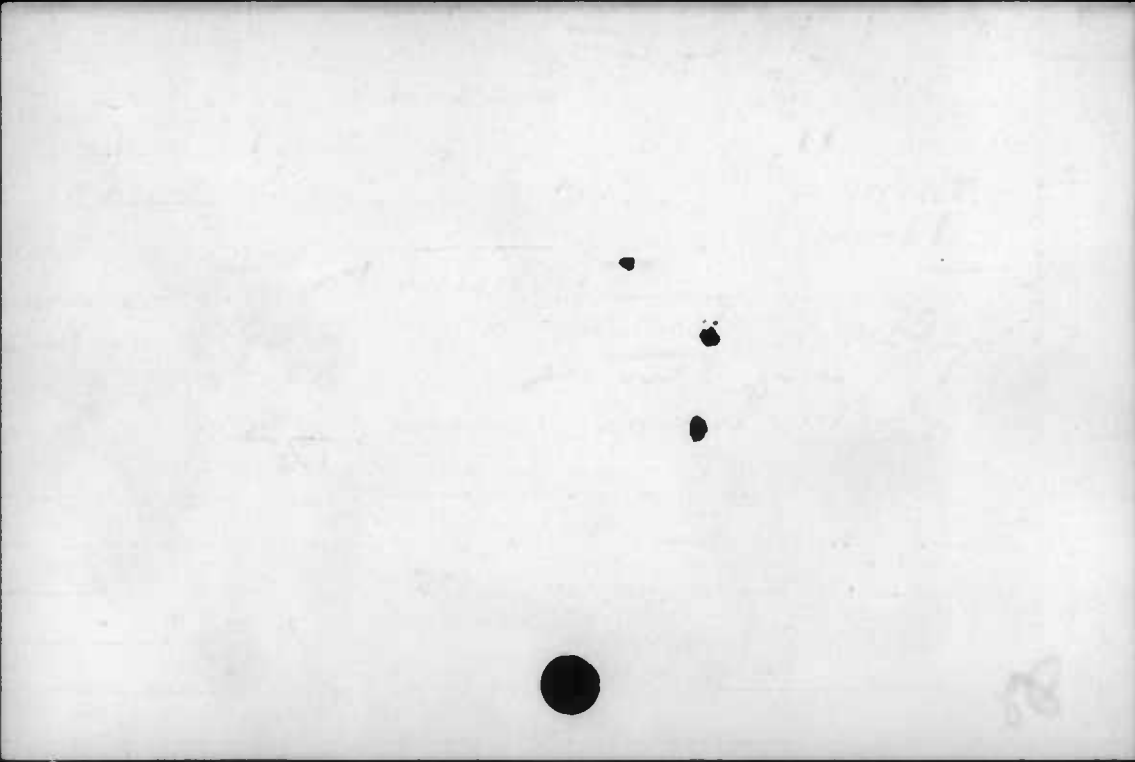
Died at		Linchester <sup>Town</sup>		Caroline <sup>County</sup>		MARYLAND	
Date of death	1908	Month	11	Day	30	Age	79
Sex		Female		Color or Race		White	
Occupation		House-keeper		Birth-place		Caroline Co.	
Where Residing if not at place of death							
Married Single <input checked="" type="radio"/> Widowed		Name of <del>Wife</del> Husband					
Name of Husband		Marshall P. Hutchison					
Father's Name		Charlie Mc-Grash.				Father's Birthplace	
Mother's Maiden Name		Mary Stevens				Mother's Birthplace	
Name of person giving In formation		Mrs. Emma Redhead				How related to deceased	
						Daughter.	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

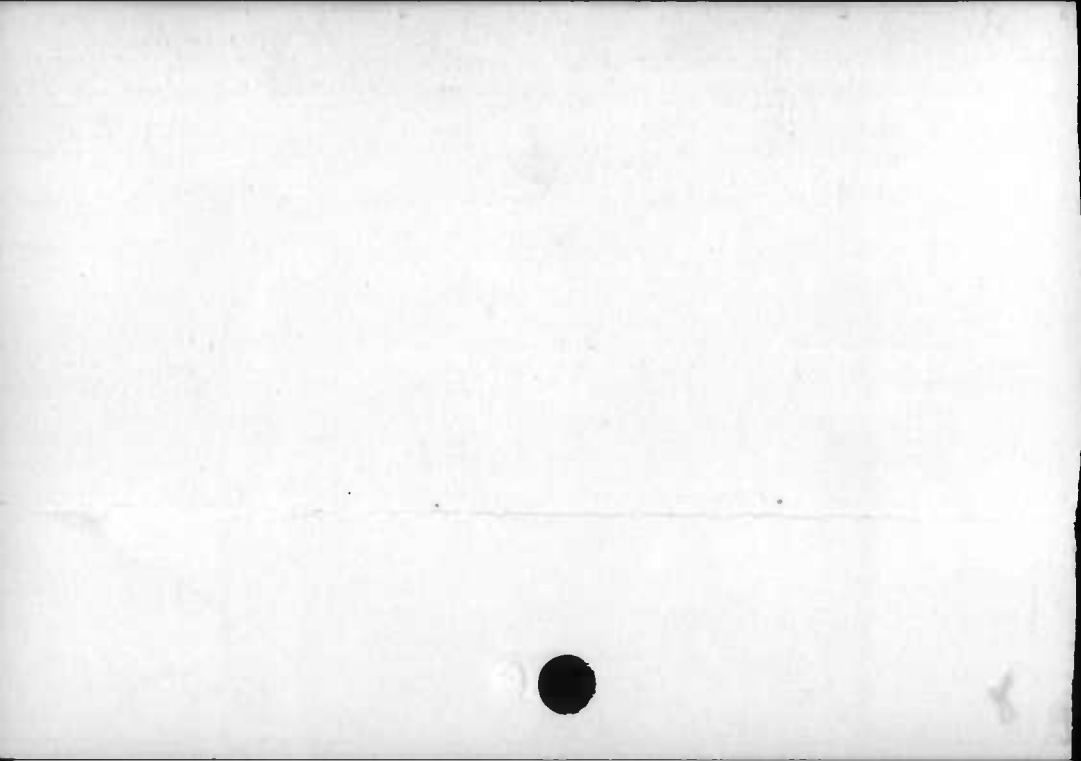
Primary	(Probably) Acute Nephritis	How long	1 week
Immediate	Heart failure	How long	3
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Rector	



Walter Kemp.							CERTIFICATE OF DEATH	
Died at <u>Goldsbro</u> <sup>Town</sup>				<u>Caroline</u> <sup>County</sup>		MARYLAND		
Date of death		Month		Day		Years		Months
1908		11		13		40		
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Laborer</u>				Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband						
Father's Name <u>Peter Kemp.</u>				Father's Birthplace <u>Del a</u>				
Mother's Maiden Name <u>Sarah Stockley</u>				Mother's Birthplace <u>Delaware</u>				
Name of person giving information <u>Peter Kemp.</u>				How related to deceased <u>Father</u>				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">48</div> </div>								
Primary <u>Rheumatism</u>				How long <u>18 months</u>				
Immediate				How long				
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Wm L. Cooper, Justice of Peace</u>				
				Address <u>acting as laborer</u>				
Accident or Suicide?								

NEAREST FRIEND

OR CORONER



Name  
in  
Full

Joseph Rich

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

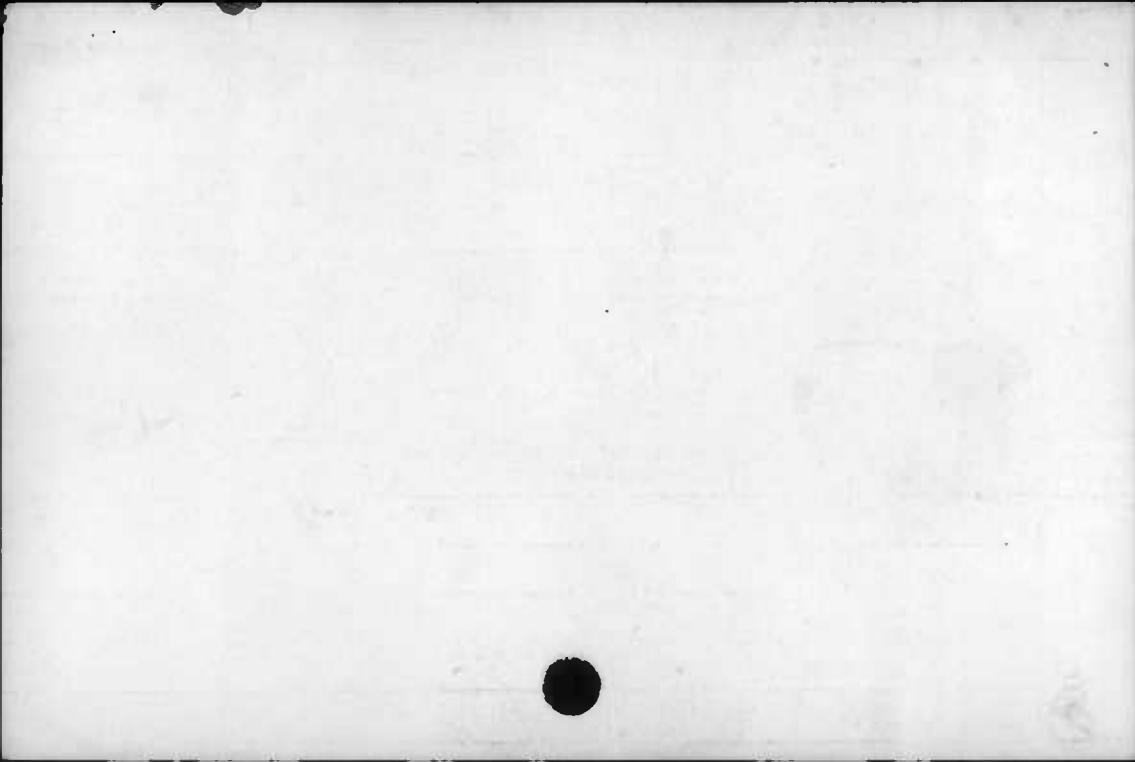
Died at <u>Dundon</u> <sup>Town</sup>			<u>Carroll</u> <sup>County</sup>			MARYLAND	
Date of death <u>1908</u>	Month <u>11</u>	Day <u>9</u>	Age <u>15</u>	Years	Months	Days	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Carroll Co.,</u>			
Occupation <u>                    </u>			Where Residing if not at place of death <u>                    </u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>                    </u>					
Father's Name <u>Chas Rich</u>				Father's Birthplace <u>Carroll Co</u>			
Mother's Maiden Name <u>Rebecca Rich</u>				Mother's Birthplace <u>Carroll Co.</u>			
Name of person giving information <u>Chas Rich</u>				How related to deceased <u>Uncle</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of Lung</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. M. Nichols</u>
	Address <u>Dundon Md.</u>
Accident or Suicide?	



Name  
in  
Full

Susan Russel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

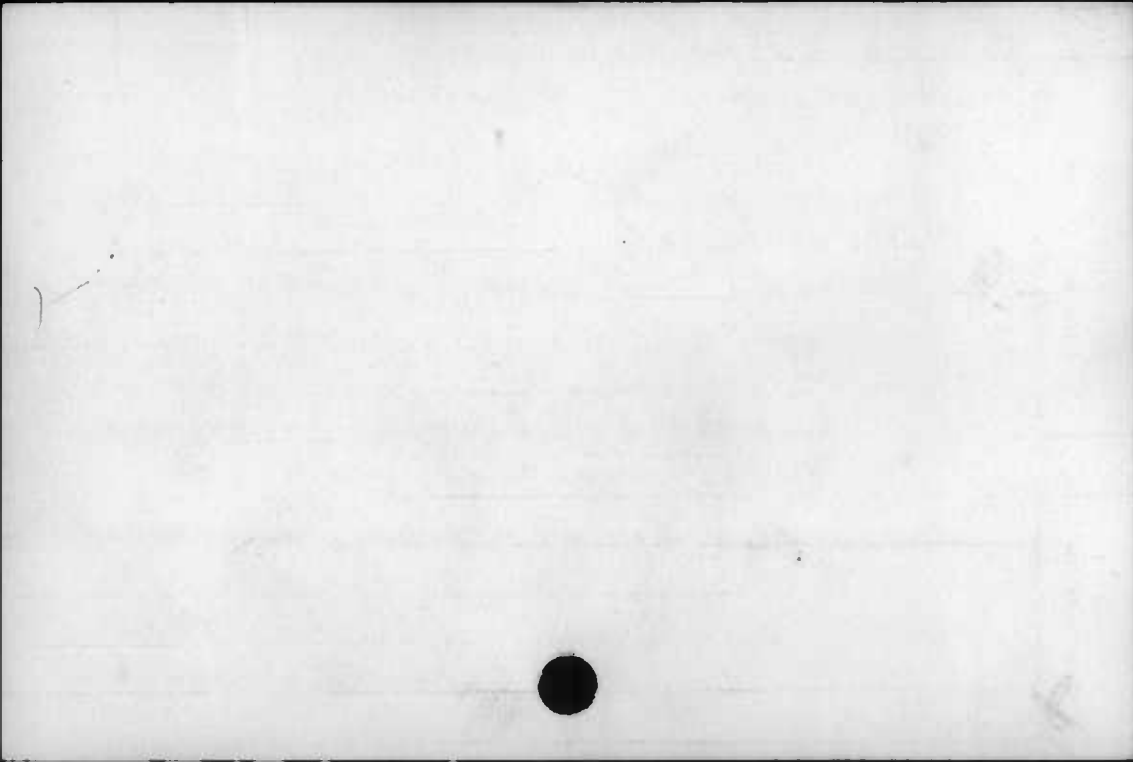
Died at <i>Ridgely</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov.</i>	Day <i>5</i>	Age <i>61</i>	Years <i>61</i>
Sex <i>female</i>	Color or Race <i>Black</i>	Birth-place <i>N.J.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Ridgely Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Abraham Russel</i>				
Father's Name <i>—</i>	<i>Unknown</i>				Father's Birthplace <i>Unknown</i>
Mother's Maiden Name <i>Unknown</i>	<i>Unknown</i>				Mother's Birthplace <i>Unknown</i>
Name of person giving information <i>Wm. Brooks</i>	<i>Unknown</i>				How related to deceased <i>Son-in-law</i>

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide? <i>—</i>	





Name  
In  
Full

*Sarah Shahan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Goldshors* <sup>Town</sup> *Caroline* <sup>County</sup>  
 Date of death *1908* <sup>Month</sup> *11* <sup>Day</sup> *13* <sup>Years</sup> *72* <sup>Months</sup> *-* <sup>Days</sup> *-*  
 Sex *Female* Color or Race *White* Birth-place *Delaware*  
 Occupation *House-work* Where Residing if not at place of death  
 Married, Single or Widowed *Married* Name of Wife or Husband *Jacob T. Shahan*  
 Father's Name *Not known* Father's Birthplace *Not known*  
 Mother's Maiden Name *Not known* Mother's Birthplace *Not known*  
 Name of person giving information *Charles Pippin* How related to deceased *none*

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary *Valvular heart disease, mitral* How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. R. Smith, M.D.  
Birmingham, Ind.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harry Stokely</i>		Town <i>Henderson</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Henderson</i>		Month <i>11</i>		Day <i>9</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>9</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Stokely</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Susan L. Stokely</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Harry Stokely</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

S

PHYSICIAN  
OR CORONERPrimary  
*Still-born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

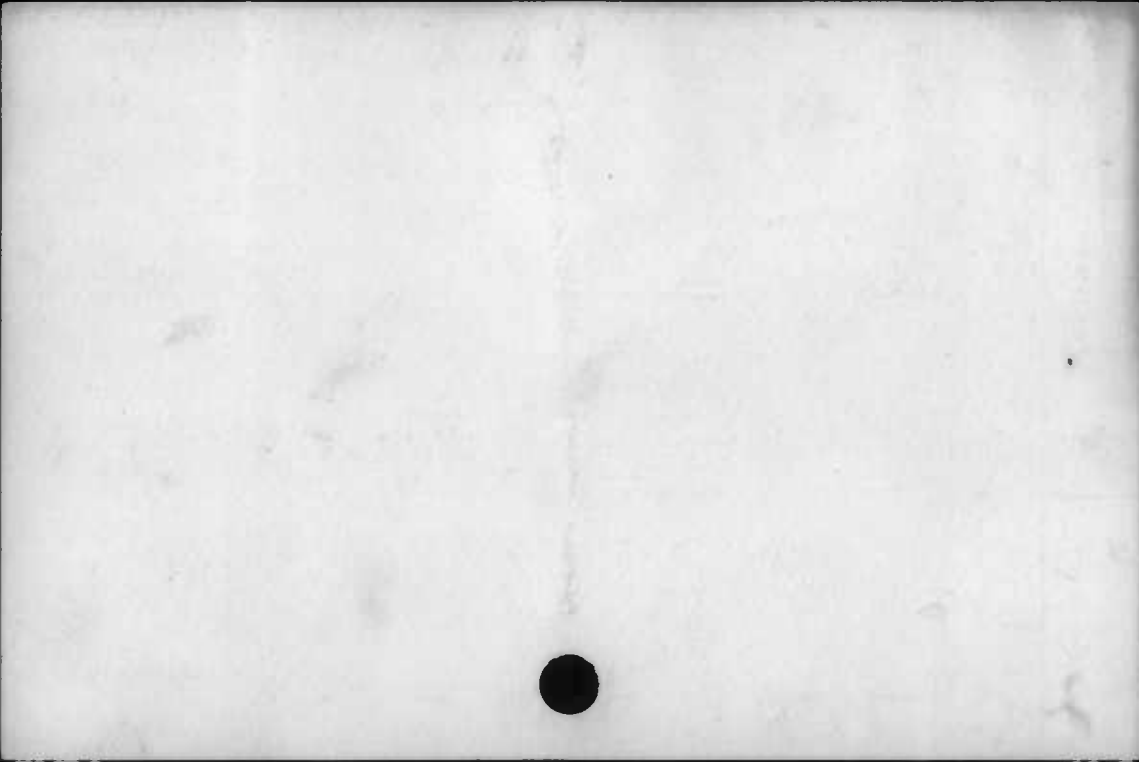
*yes*

Signature of Physician

Address

*J. P. Smith, M.D.  
Tomberville, Ind.*

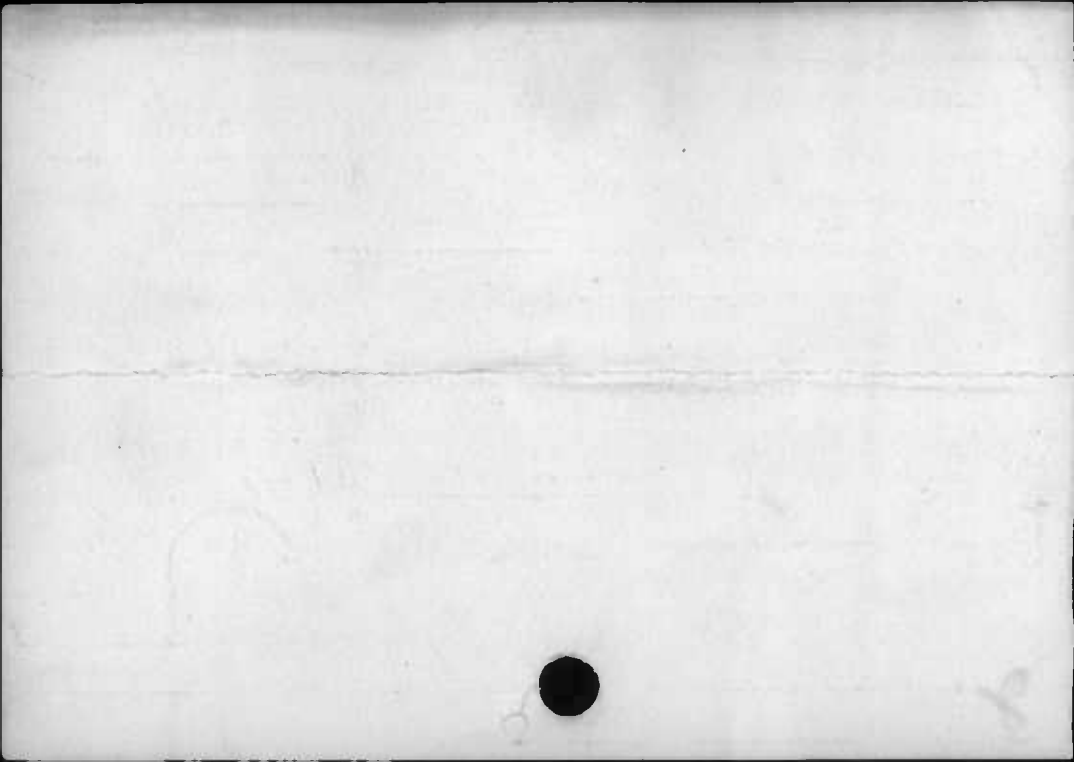
Accident or Suicide?



Katharine Starkey							CERTIFICATE OF DEATH	
Died at		Town Hickerson		County Caroline		MARYLAND		
Date of death		Month 10	Day 12	Age 87	Years	Months		Days
Sex Female		Color or Race White			Birth-place Delaware			
Occupation None (formerly housewife)				Where Residing if not at place of death Hickerson, Caroline Co., Md.				
Married, Single or Widowed Married		Name of Wife or Husband Gussman						
Father's Name Paul Gussman					Father's Birthplace Delaware			
Mother's Maiden Name Dora Gussman					Mother's Birthplace Delaware			
Name of person giving information Mabel E. Phipps					How related to deceased Daughter			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">177</div>								
Primary Cause Dropsy					How long 2 months			
Immediate Cause Heart					How long 2 hours			
Are the name, age, sex, color, date and place correctly given above?					Signature of Physician J. C. [illegible]			
					Address [illegible]			
Accident or Suicide?					[illegible]			

NEAREST FRIEND

CAUSE OF DEATH



*Susan Stokley*

CERTIFICATE OF DEATH

Died at *Near Henderson* Town *Leaseline* County

MARYLAND

Date of death *1908* Month *11* Day *10* Age *28* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md-*

Occupation *House-work* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Harry Stokley*

Father's Name *James Lowman* Father's Birthplace *Md-*

Mother's Maiden Name *Mary Walls* Mother's Birthplace *Md-*

Name of person giving information *James Lowman* How related to deceased *Father*

CAUSES OF DEATH

*120*

Primary *Uræmia*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. Smith, M.D.*  
Address *Templeville Md.*

*8*  
Accident or Suicide?





# CERTIFICATE OF DEATH

*Eotta Precilla Laylor*

Died at *Goldston* Town *Caroline* County **MARYLAND**

Date of death 1908 *11* Month *19* Day Age *—* Years Months *7* Days *—*

Sex *Girl* Color or Race *White* Birthplace *Goldston*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Elijah Laylor* Father's Birthplace *Delaware*

Mother's Maiden Name *Lou Kemp* Mother's Birthplace *Maryland*

Name of person giving Information *Elijah Laylor* How related to deceased *Father*

## CAUSES OF DEATH

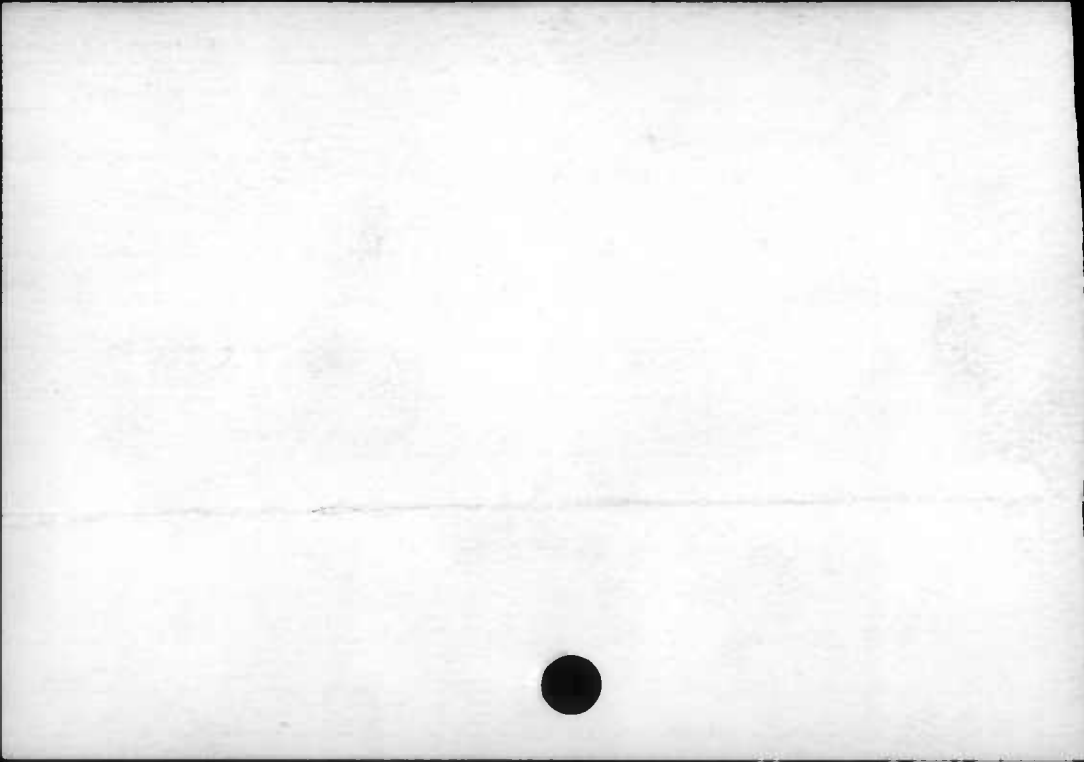
Primary *Macasmus* How long *6 wks*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. W. Alderson*

Address *Fredericktown, Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

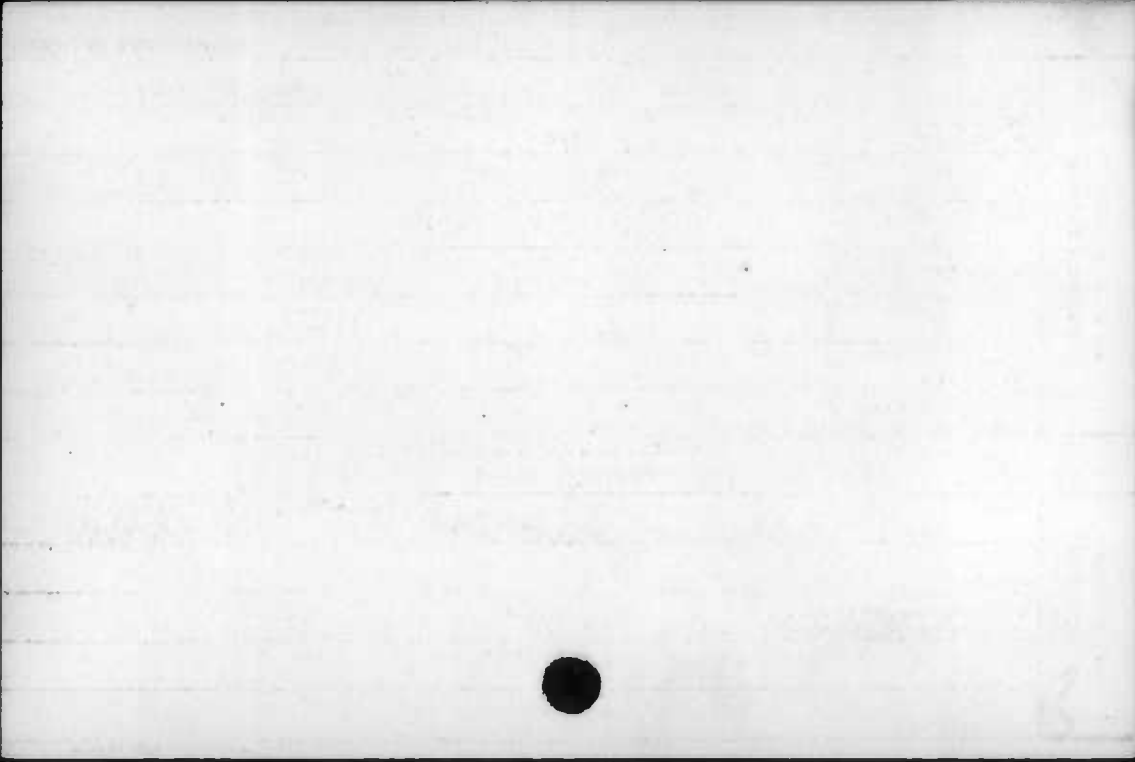
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Mary Elizabeth Walston				CERTIFICATE OF DEATH	
Died at		Town Denton		County Bartholme		MARYLAND	
Date of death		1908	Month Nov.	Day 26	Age 15	Years 11	Months 9
Sex Female		Color or Race White		Birth- place Delaware			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George Cummings Walston				Father's Birthplace Maryland	
Mother's Maiden Name		Helen Meach				Mother's Birthplace "	
Name of person giving In formation		G. B. Walston				How related to deceased Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	24 days
Immediate	Parotitis	How long	7 "
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		G. W. Simmond	
Address		Denton	
Accident or Suicide?		Ind.	



Name  
in  
Full

## CERTIFICATE OF DEATH

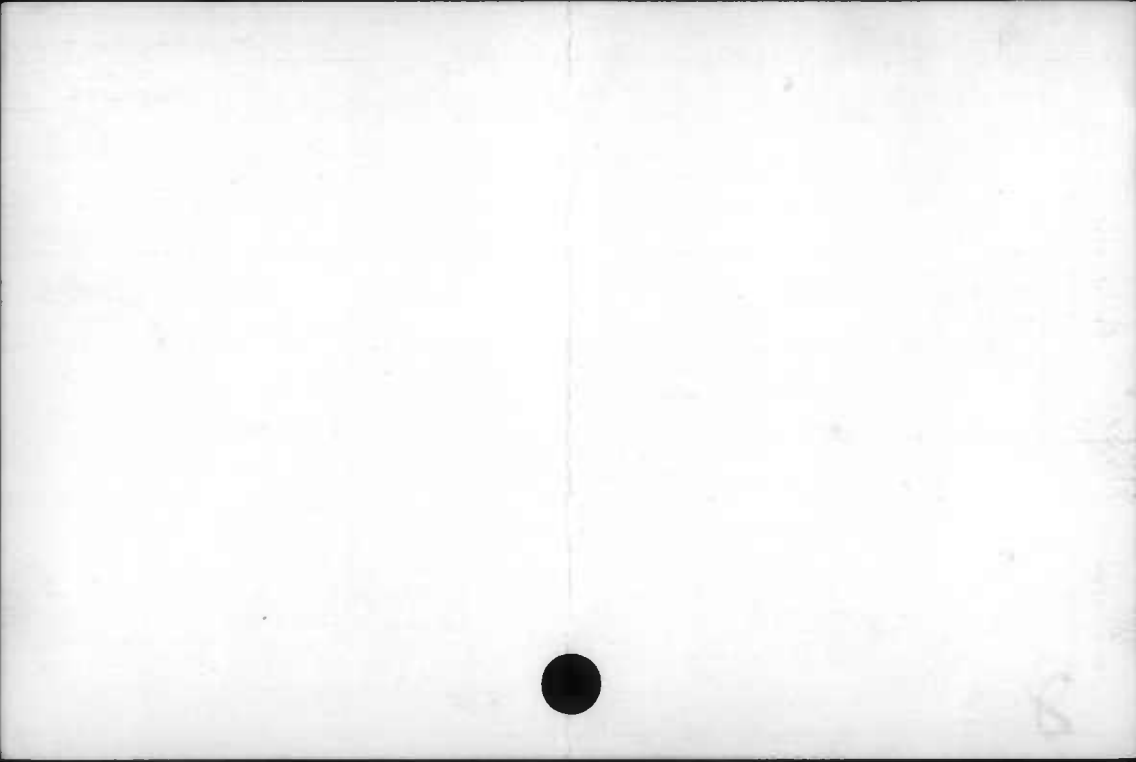
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov.	11	60		9	11
Sex	Female	Color or Race	White	Birth-place	Caroline Co		
Occupation	Housewife		Where Residing if not place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Elisha Wheatley		Luffin Wheatley					
Father's Name	Elisha Collins		Father's Birthplace				
Sussex Co. Del.		Mother's Birthplace					
Mother's Maiden Name	Elisha Hastings		Sussex Co. Del.				
Name of person giving Information		Luffin Wheatley		How related to deceased		Husband.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma Gastric		How long	3 months.
Immediate	Yes.		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. J. Brooks	
		Address	Federalburg Md.	
Accident or Suicide				



Name  
in  
Full

Beatrice Valiner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

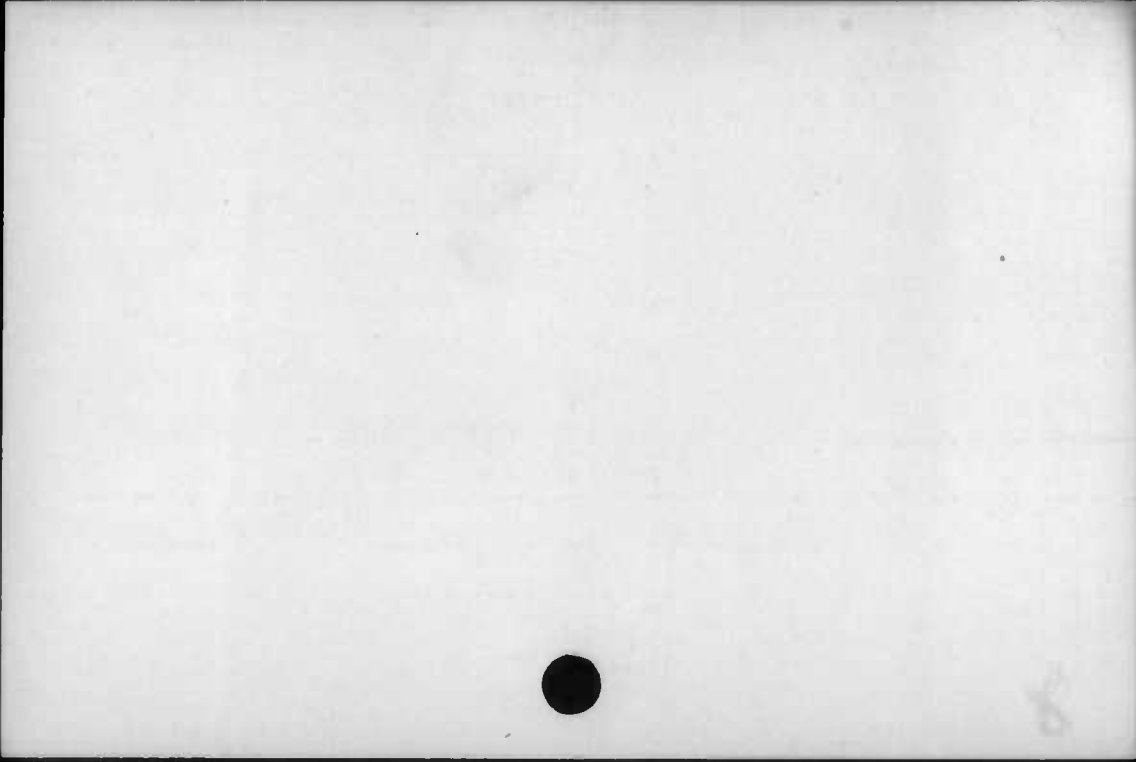
Died at <i>Hillcrest</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>11</i>	Day	<i>11</i>
Age		<i>12</i>		Years	<i>12</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation			Birth-place	<i>Cecil</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Samuel Valiner</i>		Father's Birthplace	<i>Cecil Co</i>	
Mother's Maiden Name	<i>Anna's Deayers</i>		Mother's Birthplace	<i>Cecil Co</i>	
Name of person giving information	<i>H. E. Fontaine</i>		How related to deceased	<i>none</i>	

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Hydrocephalus</i>		How long	<i>12 years</i>
Immediate	<i>Marasmus</i>		How long	<i>6 years</i>
Are the name, age, sex, color, date and place correctly given above?		<i>ye</i>		
Signature of Physician		<i>J. N. Nichol</i>		
Address		<i>Denton Md</i>		
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

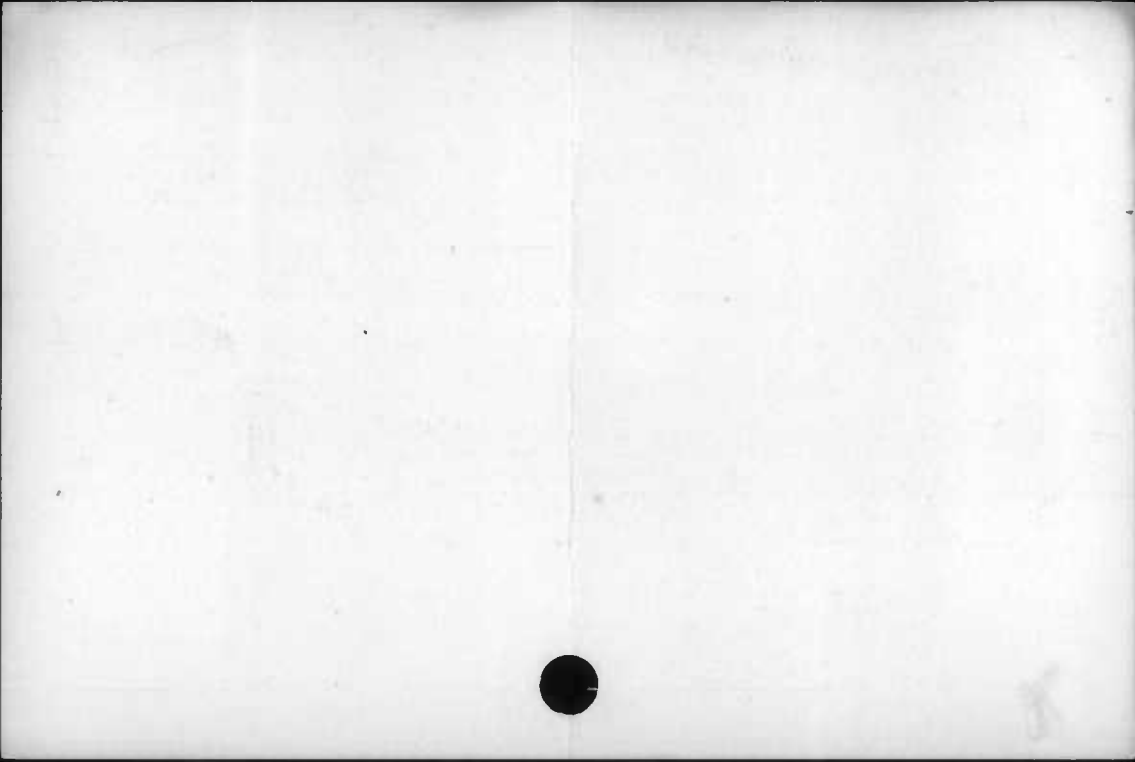
Name in Full <i>Ann E Killen</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		State <i>MARYLAND</i>					
Died at <i>Federalsburg</i>		Month <i>Nov</i>		Day <i>24</i>		Age <i>63</i>		Months <i>6</i>		Days	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>24</i>		Age <i>63</i>		Months <i>6</i>		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>							
Occupation <i>Housekeeper</i>		Where Residing if not at place of death									
Married, Single or Widowed <i>single</i>		Name of Wife or Husband									
Father's Name <i>Jacob Killen</i>		Father's Birthplace <i>md</i>									
Mother's Maiden Name <i>Harriet White</i>		Mother's Birthplace <i>md</i>									
Name of person giving information <i>Mrs Wright Lewis</i>		How related to deceased <i>sister</i>									

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalsburg md</i>
Accident or Suicide?	



Name  
in  
Full

William James Williamson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

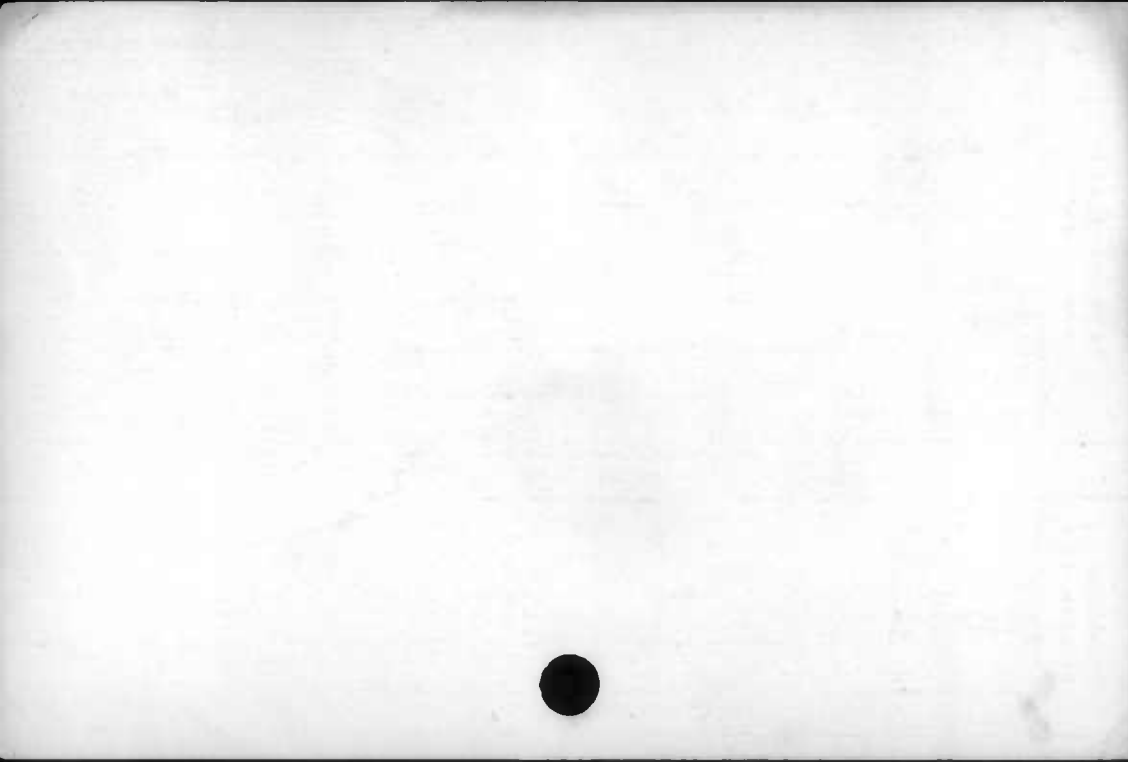
Died at		Town Concord		County Caroline		MARYLAND	
Date of death		1908	Month Nov.	Day 20	Age 72	Years 1	Months 17
Sex male		Color or Race White		Birth- place Near Smithville			
Occupation Farmer		Where Residing if not at place of death Near Concord					
Married, Single or Widowed		Name of Wife or Husband Eliza J Williamson					
Father's Name William Williamson		Father's Birthplace					
Mother's Maiden Name Mary Butler		Mother's Birthplace					
Name of person giving Information Eliza J Williamson		How related to deceased Wife					

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary Diabetes	How long 6 years
Immediate Exhaustion	How long 5 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. J. C. Butler
	Address Butler, Cal. Md.
Accident or Suicide	



Name  
in  
Full

Elsie Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Greensboro County Caroline **MARYLAND**

Died at Greensboro

Date of death 190 8 Month Nov Day 17 Age 13 Years Months Days

Sex Female Color or Race Black Birthplace Talbot Co.

Occupation School girl Where Residing if not at place of death Greensboro

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Carroll Wilson Father's Birthplace Maryland

Mother's Maiden Name Martha Maper Mother's Birthplace Maryland

Name of person giving Information Henry Wilson How related to deceased Brother

## CAUSES OF DEATH

28

Primary Subcucular Meningitis How long 3 weeks

Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. W. Peasbrough  
Greensboro, Md.

• PHYSICIAN  
OR CORONER

Accident or Suicide

